

# STATE OF SOUTH CAROLINA

253435

## (Caption of Case)

Lifeline Eligible Telecommunications Carrier  
Certification Report filed in Compliance with FCC  
Order No. 12-11 (Lifeline and Link Up Reform and  
Modernization)

## BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

### COVER SHEET

DOCKET

NUMBER: 2014 - 48 - C

(Please type or print)

Submitted by: Mark Lammert

SC Bar Number: \_\_\_\_\_

Address: 740 Florida Central Parkway, Suite 2028

Telephone: 407-260-1011

Longwood, FL 32750

Fax: 407-260-1033

Other: \_\_\_\_\_

Email: regulatory@csilongwood.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition

☐ Request for item to be placed on Commission's Agenda expeditiously

☒ Other: Boomerang Wireless, LLC - REVISED Copy of FCC Form 555

### INDUSTRY (Check one)

- ☐ Electric
- ☐ Electric/Gas
- ☐ Electric/Telecommunications
- ☐ Electric/Water
- ☐ Electric/Water/Telecom.
- ☐ Electric/Water/Sewer
- ☐ Gas
- ☐ Railroad
- ☐ Sewer
- ☒ Telecommunications
- ☐ Transportation
- ☐ Water
- ☐ Water/Sewer
- ☐ Administrative Matter
- ☐ Other: \_\_\_\_\_

### NATURE OF ACTION (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Affidavit                 | <input type="checkbox"/> Letter                            | <input type="checkbox"/> Request                              |
| <input type="checkbox"/> Agreement                 | <input type="checkbox"/> Memorandum                        | <input checked="" type="checkbox"/> Request for Certification |
| <input type="checkbox"/> Answer                    | <input type="checkbox"/> Motion                            | <input type="checkbox"/> Request for Investigation            |
| <input type="checkbox"/> Appellate Review          | <input type="checkbox"/> Objection                         | <input type="checkbox"/> Resale Agreement                     |
| <input type="checkbox"/> Application               | <input type="checkbox"/> Petition                          | <input type="checkbox"/> Resale Amendment                     |
| <input type="checkbox"/> Brief                     | <input type="checkbox"/> Petition for Reconsideration      | <input type="checkbox"/> Reservation Letter                   |
| <input type="checkbox"/> Certificate               | <input type="checkbox"/> Petition for Rulemaking           | <input type="checkbox"/> Response                             |
| <input type="checkbox"/> Comments                  | <input type="checkbox"/> Petition for Rule to Show Cause   | <input type="checkbox"/> Response to Discovery                |
| <input type="checkbox"/> Complaint                 | <input type="checkbox"/> Petition to Intervene             | <input type="checkbox"/> Return to Petition                   |
| <input type="checkbox"/> Consent Order             | <input type="checkbox"/> Petition to Intervene Out of Time | <input type="checkbox"/> Stipulation                          |
| <input type="checkbox"/> Discovery                 | <input type="checkbox"/> Prefiled Testimony                | <input type="checkbox"/> Subpoena                             |
| <input type="checkbox"/> Exhibit                   | <input type="checkbox"/> Promotion                         | <input type="checkbox"/> Tariff                               |
| <input type="checkbox"/> Expedited Consideration   | <input type="checkbox"/> Proposed Order                    | <input type="checkbox"/> Other: _____                         |
| <input type="checkbox"/> Interconnection Agreement | <input type="checkbox"/> Protest                           |   |
| <input type="checkbox"/> Interconnection Amendment | <input type="checkbox"/> Publisher's Affidavit             |   |
| <input type="checkbox"/> Late-Filed Exhibit        | <input checked="" type="checkbox"/> Report                 |   |

Print Form

Reset Form



November 10, 2014

South Carolina Office of Regulatory Staff  
Telecommunications Division  
1401 Main Street, Suite 900  
Columbia, SC 29201

**RE: Docket No. 2013-48-C – REVISED FCC Form 555 – Annual Lifeline Eligible Telecommunications Carrier Certification on behalf of Boomerang Wireless, LLC d/b/a enTouch Wireless**

Dear Staff,

Pursuant to FCC requirements under 47 C.F.R. § 54.416, enclosed please find for filing in the above-referenced docket REVISED a copy of Boomerang Wireless, LLC d/b/a enTouch Wireless' FCC Form 555.

If you have any questions regarding this filing, please contact me at (407) 260-1011 or [regulatory@csilongwood.com](mailto:regulatory@csilongwood.com).

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Mark Lammert', is written over a horizontal line.

Mark Lammert  
Attorney-in-Fact  
Boomerang Wireless, LLC d/b/a enTouch Wireless

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections  
Form must be submitted to USAC and filed with the Federal Communications Commission

**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

**Deadline: January 31<sup>st</sup> (Annually)**

South Carolina

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

249019

Study Area Code(s) (SAC)

Boomerang Wireless, LLC

ETC Name(s)

HH Ventures, LLC

Holding Company Name(s)

enTouch Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)


Provide a list of all ETCs that are affiliated with the reporting ETC. Affiliation shall be determined in accordance with section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification

**Section 1: All ETCs MUST COMPLETE SECTION 1- Initial Certification**

I certify that the company listed above has certification procedures in place either to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 

**Section 2: All ETCs MUST COMPLETE SECTION 2—Annual Recertification**

*Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.*

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
10870	0	1871

*Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.*

- A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial SA

D	E	F=D-E	G	H = (F+G)	I
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
4559	1952	2608	0	2608	549

**AND/OR**

*In the space below, please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator or the Universal Service Administrative Company (USAC), and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.*

- B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on \_\_\_\_\_. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0

**OR**

- C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

**Section 3: ALL ETCS MUST COMPLETE SECTION 3 – De-enroll percentage**  
**What is the percentage of subscribers de-enrolled for this ETC?**

M	N	O	P = N + O	Q = ((P ÷ M) * 100)
Number of Subscribers Claimed on February FCC Form(s) 497  (From Column A)	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility (From Column H)	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility (From Column K)	Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled	Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497
10835	2608	0	2608	24%

**Section 4: ALL ETCS MUST COMPLETE APPROPRIATE CHECK BOX; PRE-PAID ETCS MUST COMPLETE ALL OF SECTION 4**

**Is the ETC Pre-Paid?**

Yes ☒ No ☐ (A Pre-Paid ETC does not assess or collect a monthly fee from its Lifeline subscribers)

If yes, record the number of subscribers de-enrolled for non-usage by month in column S below.

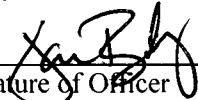
**Non-Usage Results Applicable to Pre-Paid ETCS:**

R	S
Month	Subscribers De-Enrolled for Non-Usage
January	36
February	122
March	309
April	1147
May	842
June	342
July	358
August	353
September	438
October	300
November	237
December	426

**Signature Block: ALL ETCS MUST COMPLETE SIGNATURE FIELDS**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Signed,

  
Signature of Officer  
CFD

Title of Officer  
Julia Redman Carter  
Person Completing this Certification Form

James T. Belvanz  
Printed Name of Officer

11-6-2014  
Date  
319-294-6080  
Contact Phone Number

### ETC Identification

SAC	ETC Name
249019	Boomerang Wireless, LLC

### Holding Company Name(s)

SAC	Holding Company Name
	HH Ventures, LLC

### DBA, Marketing or Other Branding Name(s)

SAC	Name
249019	enTouch Wireless

[illegible]